

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10-27-41-10-28-41**
8 years (Specify whether years, months or days)
In this community **8 years**

3. (a) PRINT FULL NAME **CURTIS WRIGHT**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 4 1909**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	32	7	24	hr. _____ min.

9. Birthplace **Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber porter**

11. Industry or business **Business**

12. Name **Deceased**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Deceased**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **Removal** (b) Date thereof **10-31-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tulsa, Okla.**

18. (a) Signature of funeral director **E. Sterling Billa**

(b) Address **2121 1/2 Ave. St. O. C. M. E.**

19. (a) **10/31/41** (b) **M. J. Crowe**
(Day received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 047**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1422 Holmes**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **28**
year **1941** hour **5** minute **50** p. M.

21. I hereby certify that I attended the deceased from **October 27 41**, to **October 28 1941**, and that I last saw him alive on **October 28 1941**, and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured appendix with generalized peritonitis** Duration _____

Due to **Intestinal Obstruction**

Due to _____

Other conditions **121" 1**
(Include pregnancy within 3 months of death)

Major findings: **Same as above**

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature **J. C. Dwyer** (M. D. or other) _____
Address **Gen. Hosp. No. 2 - 600 E. 2nd** Date signed **10-30-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
1
89
26390

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. Steinhilber*

Licensed Embalmer No. *3178*

P. O. Address *1212 wine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.